ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILING FLE. \$30 WAN	E CHECK PATABL	LE TO SECRET	ART OF STA	NIE.		
. Corporate Name, Registered Agent N	ame and Registere	d Address:				
				Telephone #		
				FAX #		
				FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.		
★★★★ f ALL of the information, including the re may check the box below and sign the re iled. Any change requires full comple	eport. To report a c	address listed i	n number on gistered age	e is identical as	set forth in the prior	report, younge must be
ALL OF THE INFORMATION REC						
2. The address of the principal office						
3. The names and business addresses of	of its directors and p	orincipal officers	:			
NAME	OFFICE	STREET ADD	DRESS	_	/ STATE	
	-					
 Provide a brief description of the natu 	re of the business_					
SD law requires at least one director. Do the above listed officers serve also						
	Director					
 The total number of authorized shares NUMBER OF AUTHORIZED SHARES 	•	•	•	ch class:		
6. NUMBER OF ISSUED AND OUTSTANDIN	IG SHARES	CLASS	SERIES			
The statement may be signed by any aut		e Corporation.				
		Sign	ature			
		Print	ed Name			
		Title				

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077 PHONE: 605-773-4845

FILE DATE _____

RECEIPT NO. _____